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CONFIRMATION NO. 8889

<b>SERIAL NUMBER</b> 10/646,133	<b>FILING OR 371(c) DATE</b> 08/22/2003 <b>RULE</b>	<b>CLASS</b> 715	<b>GROUP ART UNIT</b> 2179	<b>ATTORNEY DOCKET NO.</b> 03-011	
<b>APPLICANTS</b> Robert Keane, Arlington, MA;					
** CONTINUING DATA ***** NO H.V.					
** FOREIGN APPLICATIONS ***** NO H.V.					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/11/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met					
Verified and Acknowledged Examiner's Signature: <i>H. V.</i> Initials: <i>H.V.</i>					
<b>ADDRESS</b> 37420					
<b>TITLE</b> System and method for remote assistance					
<b>FILING FEE RECEIVED</b> 857	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		